

State of California
Department of Health Care Services
Long Term Care Reimbursement Rates
Rates Effective From
August 1, 2011

ICF/DD, ICF/DD-H, and ICF/DD-N

FROZEN AT 2008/2009 RATES

	A	B	C	E	F	G
Facility Group	Rate Effective 8/1/2008	Adult Day Holiday* 8/1/2011	Immunizat ion** 8/1/2011	Rate Effective with Add- ons 8/1/2011 (A+B+C)	QAF** Rate Per Diem or % 8/1/2011	Rates With QAF Effective 8/1/2011
INTERMEDIATE CARE FACILITIES - (ICF/DD)						
1-59	\$160.59	\$0.16	\$0.86	\$161.61	9.47%	\$176.91
60+	\$148.45	\$0.16	\$0.86	\$149.47	9.47%	\$163.62
60+ WITH A DP	\$148.45	\$0.16	\$0.86	\$149.47	9.47%	\$163.62
ICF/DD-HABILITATIVE (ICF/DD-H)						
4-6 BEDS	\$170.20	\$0.16	\$1.55	\$171.91	9.47%	\$188.19
7-15 BEDS	\$185.13	\$0.16	\$1.55	\$186.84	9.47%	\$204.53
ICF/DD-NURSING (ICF/DD-N)						
4-6 BEDS	\$194.17	\$0.22	\$1.55	\$195.94	9.47%	\$214.50
7-15 BEDS	\$201.66	\$0.22	\$1.55	\$203.43	9.47%	\$222.69

* Adult Day Holiday Add-on was added to the 2008 Frozen Rate for the ICF/DD, ICF/DD-H and ICF/DD-N.

** Immunization was added to the 2011 Rates which is Frozen at 2008 Rates for the ICF/DD, ICF/DD-H and ICF/DD-N.

*** QAF is Quality Assurance Fee.